

WIC Program Rules

- Give true and accurate information to WIC staff.
- Get checks from only one WIC clinic at a time. You can be taken off WIC and asked to repay the program if you get WIC checks from more than one clinic in the same month.
- Choose either WIC or CSFP (Commodity Supplemental Food Program). A person cannot be on both programs at the same time.
- Report any lost, stolen, or destroyed checks to WIC staff. Do not use any checks you have reported as lost, stolen or destroyed. If you find these checks return them to the clinic.
- Do not make changes to WIC checks. Call the clinic if you need changes made to your WIC checks.
- Do not sell, trade or give away WIC foods, formula or WIC checks.
- Do not exchange WIC foods, formula, or WIC checks for money, credit, rain checks or other items.
- Do not verbally abuse, harass, threaten, or physically harm WIC or store staff.
- Use WIC checks correctly:
 - ▶ Use your WIC checks on or between the first and last day to use.
 - ▶ Use a WIC check only if your name is printed below the signature box.
 - ▶ Shop only at WIC approved stores. Look for “WIC Checks Accepted Here” signs.
 - ▶ Buy the amounts and types of foods listed on your WIC checks.
 - ▶ Separate your WIC foods by check and from other items you are buying.
 - ▶ Let the checker know you are using a WIC check before you begin your purchase.
 - ▶ Sign the WIC check after the checker sees your ID and writes in the amount.

Please talk to WIC staff if you have questions.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Washington WIC does not discriminate.

WIC Nutrition Program
1-800-841-1410



DOH 962-010 (Rev. 5/9/06)

For persons with disabilities this publication is available on request in other formats. To submit a request, please call 1-800-525-0127.



Washington State WIC Nutrition Program Rights and Responsibilities

Client Name _____

What does WIC expect from me?

Buy WIC approved foods:

I will buy only the foods listed on my WIC checks. I will use the foods only for the person on the program.

Use WIC checks correctly:

I will follow the check rules listed on the back of this form. I can name another person to use the checks. I will tell that person how to use WIC checks correctly.

Go to one WIC clinic at a time:

I will get checks from only one clinic at a time. If I move, I will ask for a transfer card.

Keep WIC appointments:

I will come to my appointments or call ahead when I need to reschedule.

Common courtesy:

I will treat WIC and store staff with courtesy and respect.

What can I expect from WIC?

WIC foods:

If I qualify for WIC, I will get checks to buy healthy foods. I understand that WIC does not give all the food or formula needed in a month.

Nutrition and breastfeeding information:

WIC will give me helpful information for healthy eating and active living. WIC will provide support and help with breastfeeding.

Health care information:

WIC will give me information about finding a doctor and getting immunizations for my child. WIC will refer me to other services I need.

Fair treatment:

The rules for getting on WIC are the same for everyone. I can ask for a Fair Hearing if I don't agree with a decision about my WIC eligibility.

Common courtesy:

WIC staff will treat me with courtesy and respect.

I understand my rights and responsibilities:

- All the information I give WIC is true and accurate. WIC staff can check this information.
- I will immediately report any changes in my income, family size, address, or eligibility for Medicaid, Basic Food Program, TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations).
- I will follow the WIC Program Rules listed on both sides of this form. If I name another person to use my checks, I will make sure that person knows and agrees to follow WIC Program Rules.
- WIC is a Federal program. If I break the rules, make false statements, intentionally misrepresent, conceal, or withhold facts about my eligibility for the WIC Program, I understand that:
 - I or my child can be taken off WIC for up to one year.
 - I will have to pay money back to WIC for foods or formula I should not have received.
 - I can face civil or criminal prosecution under State and Federal law.
- I allow WIC staff to take my or my child's height and weight. I allow WIC staff to take a small amount of blood to check my or my child's iron level. I understand this information is needed to help determine WIC eligibility.

By signing this form I agree to the above.

Client/Caregiver Signature

Date

Caregiver Name _____

Getting WIC does not affect your immigration status

The Washington state WIC office has access to copies of my WIC records.

For clinic use. Initial all that apply if client did not read the form: ☐ Interpreter ☐ Written translation ☐ Read to client ☐ Other